SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Rèceived by (Printed Name) C. Date of Delivery
1. Article Addressed to: Lee Barron, P.G. CHMM Lee Barron, P.G. CHMM TDEC-Dirig of Revealation Enoxuelle Feld Office Enoxuelle Feld Office Middlebrook Phe 2711	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
9590 9401 0004 5205 1544 47	3. Service Type Adult Signature* Adult Signature Restricted Delivery Certified Mail® Certified Mail® Cellect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™
7015 1730 0001 8044 6768 Page Restricted Delivery Restricted Delivery Restricted Delivery	
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